

# South Carolina 2001 Behavioral Risk Factor Surveillance System Questionnaire

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## Introduction

HELLO, I'm \_\_\_\_\_ (name) \_\_\_\_\_ calling for the South Carolina Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of South Carolina residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this \_\_\_\_\_ (phone number) \_\_\_\_\_ ?

**If "no"**

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_\_\_ Number of adults

**If "1"** Are you the adult?

**If "yes"** Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2**

**If "no"** Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

\_\_\_\_\_ Number of men

\_\_\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to page 2**

**If Selected person is unable to complete due to impairment, Disposition and Go to State Added: Unable to complete**

**To correct respondent** HELLO, I'm (name) calling for the South Carolina Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health habits of South Carolina residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes \_\_\_\_\_ minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

## Section 1: Health Status

1.1. Would you say that in general your health is: (72)

### Please Read

Excellent	1
Very good	2
Good	3
Fair	4
or	
Poor	5

<b>Do not read these responses</b>	Don't know/Not sure	7
	Refused	9

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(73-74)

Number of days	<u>    </u> <u>    </u>
None	8 8
Don't know/Not sure	7 7
Refused	9 9

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(75-76)

Number of days	<u>    </u> <u>    </u>
None	8 8
Don't know/Not sure	7 7
Refused	9 9

**If Q1.2 and Q1.3=88, Go to Q2.1**

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(77-78)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

## Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

(79)

Yes	1
No	<b>Go to Q2.3</b> 2
Don't know/Not sure	<b>Go to Q2.3</b> 7
Refused	<b>Go to Q2.3</b> 9

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage?

(80)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

2.3. Do you have one person you think of as your personal doctor or health care provider?

(81)

If "no," ask	Yes, only one	1
"Is there <u>more</u>	More than one	2
<u>than one</u> or is	No	3
there <u>no</u> person	Don't know/Not sure	7
who you think of?"	Refused	9

## State-Added Health Care Access

SC1\_1. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost? (400)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 3: Exercise

3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

Yes	1
No	<b>Go to Q5.1</b> 2
Don't know/Not sure	<b>Go to Q5.1</b> 7
Refused	<b>Go to Q5.1</b> 9

4.2. Are you currently taking medicine for your high blood pressure? (84)

Yes	1
No	<b>Go to Q5.1</b> 2
Don't know/Not sure	<b>Go to Q5.1</b> 7
Refused	<b>Go to Q5.1</b> 9

## State Added: Hypertension Awareness

SC2\_1. Is your doctor or nurse, who takes care of your high blood pressure, satisfied with your level of blood pressure control? (401)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

Yes	1
No	<b>Go to Q6.1</b> 2
Don't know/Not sure	<b>Go to Q6.1</b> 7
Refused	<b>Go to Q6.1</b> 9

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

### Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 5 years (2 to 5 years ago)	3
5 or more years ago	4
Don't know/Not sure	7
Refused	9

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

Yes		1
No	<b>Go to Q7.1</b>	2
Don't know/Not sure	<b>Go to Q7.1</b>	7
Refused	<b>Go to Q7.1</b>	9

6.2. Do you still have asthma? (89)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

<b>If "Yes" and female, ask "Was this only when you were pregnant?"</b>	Yes		1
	Yes, but female told only during pregnancy	<b>Go to 8.1</b>	2
	No	<b>Go to 8.1</b>	3
	Don't know/Not sure	<b>Go to 8.1</b>	7
	Refused	<b>Go to 8.1</b>	9

## Module 1: Diabetes

MOD1\_1. How old were you when you were told you have diabetes? (180-181)

Code age in years [97 = 97 and older]	— —
Don't know/Not sure	9 8
Refused	9 9

MOD1\_2. Are you now taking insulin? (182)

Yes	1
No	2
Refused	9



MOD1\_3. Are you now taking diabetes pills? (183)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1\_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (184-186)

Times per day	1	—	—
Times per week	2	—	—
Times per month	3	—	—
Times per year			4
-			
Never	8	8	8
Don't know/Not sure	7	7	7
Refused	9	9	9

MOD1\_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (187-189)

Times per day	1	—	—
Times per week	2	—	—
Times per month	3	—	—
Times per year			4
-			
Never	8	8	8
No feet	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

MOD1\_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1\_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

Number of times		
None	8	8
Don't know/Not sure	7	7
Refused	9	9

MOD1\_8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)

Number of times [76 = 76 or more]		
None	8	8
Never heard of hemoglobin "A one C" test	9	8
Don't know/Not sure	7	7
Refused	9	9

**If MOD1\_5 =555, Go to MOD1\_10**

MOD1\_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

Number of times		
None	8	8
Don't know/Not sure	7	7
Refused	9	9

MOD1\_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

**Read Only if Necessary**

Within the past month (0 to 1 month ago)	1
Within the past year (1 to 12 months ago)	2
Within the past 2 years (1 to 2 years ago)	3
2 or more years ago	4
Never	8
Don't know/Not sure	7
Refused	9

MOD1\_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1\_12. Have you ever taken a course or class in how to manage your diabetes yourself? (199)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

### Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

Yes	1
No	<b>Go to Q8.5</b> 2
Don't know/Not sure	<b>Go to Q8.5</b> 7
Refused	<b>Go to Q8.5</b> 9

8.2. Were these symptoms present on most days for at least one month? (92)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

8.5. Have you ever been told by a doctor that you have arthritis? (95)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

8.6. Are you currently being treated by a doctor for arthritis? (96)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

Yes	1
No	<b>January-August Go to SC3_2, September –December Go to SC3_1b.</b> 2
Don't know/Not sure	<b>Go to Q9.2</b> 7
Refused	<b>Go to Q9.2</b> 9

## State Added: Immunization

SC3\_1a. **January - May: Have you received a flu shot in calendar year 2001?  
June – August: Did you receive a flu shot between January and May 2001? (402)**

Yes	<b>Go to SC3_3</b> 1
No	2
Don't know/Not sure	7
Refused	9

SC3\_1b. Did you receive a flu shot last fall or winter (i.e., during September - December of 2000)? (403)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

**If Q9.1=2, Ask SC3\_2, Else go to SC3\_3.**

SC3\_2.**If January-August and 9.1=2:** What is the main reason you didn't get a flu shot during the past 12 months?

**If September –December and 9.1=2 and SC3\_1b=2:** What is the main reason you didn't get a flu shot last fall or winter? (404-405)

**Read as Necessary**

Didn't know I needed it	01
Doctor didn't recommend it	02
Didn't think of it/forgot/missed it	03
Tried to get a flu shot, but no flu shots were available	04
Tried to get a flu shot, but my doctor said I didn't need it	05
Didn't think it would work	06
Don't need a flu shot/not at risk/flu not serious	07
Shot could give me the flu/allergic reaction/other health problem	08
Doctor recommended against getting the shot/allergic to shot/medical reasons	09
Don't like shots or needles / don't want it	10
Other [specify} _____	11
Don't know/not sure	77
Refused	99

**If Q9.1 or SC3\_1a or SC3\_b=1, Ask SC3\_3, Else go to Q9.2**

SC3\_3.At what kind of place did you get your last flu shot ? (406-407)

**Read as Necessary**

A doctor's office or health maintenance organization	0 1
A health department	0 2
Another type of clinic or health center	
[Example: a community health center]	0 3
A senior, recreation, or community center	0 4
A store [Examples: supermarket, drug store]	0 5
A hospital or emergency room	0 6
Workplace	0 7
Other [specify] _____	0 8
Don't know/Not sure	7 7
Refused	9 9

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)

Yes		1
No	<b>Go to Q10.1</b>	2
Don't know/Not sure	<b>Go to Q10.1</b>	7
Refused	<b>Go to Q10.1</b>	9

SC3\_4.At what kind of place did you get your last pneumonia shot ? (408-409)

A doctor's office or health maintenance organization	0 1
A health department	0 2
Another type of clinic or health center	
[Example: a community health center]	0 3
A senior, recreation, or community center	0 4
A store [Examples: supermarket, drug store]	0 5
A hospital or emergency room	0 6
Workplace	0 7
Other [specify] _____	0 8
Don't know/Not sure	7 7
Refused	9 9

## Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

<b>5 packs = 100 cigarettes</b>	Yes		1
	No	<b>Go to Q11.1</b>	2
	Don't know/Not sure	<b>Go to Q11.1</b>	7
	Refused	<b>Go to Q11.1</b>	9

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

Every day		1
Some days		2
Not at all	<b>Go to Q11.1</b>	3
Refused	<b>Go to Q11.1</b>	9

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

## Section 11: Alcohol Consumption

11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

Days per week		1	__	__
Days in past 30		2	__	__
No drinks in past 30 days	<b>Go to Q12.1</b>	8	8	8
Don't know/Not sure	<b>Go to Q12.1</b>	7	7	7
Refused	<b>Go to Q12.1</b>	9	9	9

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

Number of drinks	
Don't know/Not sure	$\overline{7} \overline{7}$
Refused	9 9

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

Number of times	
None	$\overline{8} \overline{8}$
Don't know/Not sure	7 7
Refused	9 9

## Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

- 12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 13: Demographics

- 13.1. What is your age? (110-111)

Code age in years	
Don't know/Not sure	$\overline{0} \overline{7}$
Refused	0 9

- 13.2. Are you Hispanic or Latino? (112)

Yes	1
No	2
Don't know/Not sure	7
Refused	9



13.3. Which one or more of the following would you say is your race? (113-118)  
**{MUL 6}**

**Please Read**

<b>Mark all that apply</b>	White	1
	Black or African American	2
	Asian	3
	Native Hawaiian or Other Pacific Islander	4
	American Indian, Alaska Native	5
	or	
	Other <b>[specify]</b> _____	6
	No additional choices	8
<b>Do not read these responses</b>	Don't know/Not sure	7
	Refused	9

**If more than one response to Q13.3, continue. Otherwise, go to Q13.5**

13.4. Which one of these groups would you say best represents your race? (119)

White	1
Black or African American	2
Asian	3
Native Hawaiian or Other Pacific Islander	4
American Indian, Alaska Native	5
Other <b>[specify]</b> _____	6
Don't know/Not sure	7
Refused	9

13.5. Are you: (120)

**Please Read**

	Married	1
	Divorced	2
	Widowed	3
	Separated	4
	Never married	5
	or	
	A member of an unmarried couple	6
<b>Do not read</b>	Refused	9

13.6. How many children less than 18 years of age live in your household? (121-122)

Number of children	
None	8 8
Refused	9 9

13.7. What is the highest grade or year of school you completed? (123)

**Read Only if Necessary**

Never attended school or only attended kindergarten	1
Grades 1 through 8 (Elementary)	2
Grades 9 through 11 (Some high school)	3
Grade 12 or GED (High school graduate)	4
College 1 year to 3 years (Some college or technical school)	5
College 4 years or more (College graduate)	6
Refused	9

13.8. Are you currently: (124)

**Please Read**

Employed for wages	1
Self-employed	2
Out of work for more than 1 year	3
Out of work for less than 1 year	4
A Homemaker	5
A Student	6
Retired	7
or	
Unable to work	8

<b>Do not read</b>	Refused	9
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13.9. Is your annual household income from all sources: (125-126)

**Read as Appropriate**

<b>If respondent</b>	Less than \$25,000 <b>If "no," ask 05; if "yes," ask 03</b>	0 4
<b>refuses at</b>	(\$20,000 to less than \$25,000)	
<b>any income</b>	Less than \$20,000 <b>If "no," code 04; if "yes," ask 02</b>	0 3
<b>level, code</b>	(\$15,000 to less than \$20,000)	
<b>refused</b>	Less than \$15,000 <b>If "no," code 03; if "yes," ask 01</b>	0 2
	(\$10,000 to less than \$15,000)	
	Less than \$10,000 <b>If "no," code 02</b>	0 1
	Less than \$35,000 <b>If "no," ask 06</b>	0 5
	(\$25,000 to less than \$35,000)	
	Less than \$50,000 <b>If "no," ask 07</b>	0 6
	(\$35,000 to less than \$50,000)	
	Less than \$75,000 <b>If "no," code 08</b>	0 7
	(\$50,000 to less than \$75,000)	
	\$75,000 or more	0 8
<b>Do not read</b>	Don't know/Not sure	7 7
<b>these responses</b>	Refused	9 9

13.10. About how much do you weigh without shoes? (127-129)

<b>Round</b>	Weight	— — —
<b>fractions up</b>		pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

13.11. About how tall are you without shoes? (130-132)

<b>Round</b>	Height	— / — —
<b>fractions</b>		ft/inches
<b>down</b>	Don't know/Not sure	7 7 7
	Refused	9 9 9

13.12. What county do you live in? (133-135)

FIPS county code	— — —
Don't know/Not sure	7 7 7
Refused	9 9 9

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (136)

Yes		1
No	<b>Go to Q13.15</b>	2
Don't know/Not sure	<b>Go to Q13.15</b>	7
Refused	<b>Go to Q13.15</b>	9

13.14. How many of these are residential numbers? (137)

Residential telephone numbers [6=6 or more]	—
Don't know/Not sure	7
Refused	9

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

Number of adults	—
None	8
Don't know/Not sure	7
Refused	9

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

Male <b>Go to Q14.1</b>	1
Female	2

**If respondent 45 years old or older, go to Q14.1**

13.17. To your knowledge, are you now pregnant? (140)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

### State Added: Disability (Section 1)

SC4\_1. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (410)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (142)

<b>Include occasional use or use in certain circumstances</b>	Yes		1
	No	<b>Go to Q15.1</b>	2
	Don't know/Not sure	<b>Go to Q15.1</b>	7
	Refused	<b>Go to Q15.1</b>	9

SC4\_2. Is this impairment or health problem the result of a work-related illness or injury? (411)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

SC4\_3. What is the farthest distance you can walk with any special equipment or help from others? (412)

**Please Read**

Across a small room	1
About the length of a typical house	2
About one or two city blocks	3
About one miles	4
More than one miles	5

**Do not read these responses**

Don't know/Not sure	7
Refused	9

**Section 15: Physical Activity**

**If Q13.8=1,2, Ask q15.1, Else go to Q15.2**

15.1. When you are at work, which of the following best describes what you do? (143)

Would you say: **Please Read**

<b>If respondent has multiple jobs, include all jobs</b>	Mostly sitting or standing	1
	Mostly walking	2
	or	
	Mostly heavy labor or physically demanding work	3
<b>Do not read these responses</b>	Don't know/Not sure	7
	Refused	9

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 15.2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (144)

Yes		1
No	<b>Go to Q15.5</b>	2
Don't know/Not sure	<b>Go to Q15.5</b>	7
Refused	<b>Go to Q15.5</b>	9

- 15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

Days per week		<u>    </u> <u>    </u>
Don't know/Not sure		7 7
Refused		9 9

- 15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

Hours and minutes per day		<u>  </u> : <u>  </u> <u>  </u>
Don't know/Not sure		7 7 7
Refused		9 9 9

- 15.5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

Yes		1
No	<b>Go to Q16.1</b>	2
Don't know/Not sure	<b>Go to Q16.1</b>	7
Refused	<b>Go to Q16.1</b>	9

- 15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

Days per week	<u>      </u>
Don't know/Not sure	7 7
Refused	9 9

- 15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

Hours and minutes per day	<u>      </u> : <u>      </u> <u>      </u>
Don't know/Not sure	7 7 7
Refused	9 9 9

## Section 16: Prostate Cancer Screening

If Respondent is female, or Q13.1<40, Go to Q17.1

- 16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

Yes	1
No	2
Don't Know/not Sure	7
Refused	9

**Go to Q16.3**

**Go to Q16.3**

**Go to Q16.3**

- 16.2. How long has it been since you had your last PSA test? (157)

**Read Only if Necessary**

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years)	2
Within the past 3 years (2 to 3 years)	3
Within the past 5 years (3 to 5 years)	4
5 or more years ago	5
Don't know	7
Refused	9



16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

Yes		1
No	<b>Go to Q16.5</b>	2
Don't know/Not sure	<b>Go to Q16.5</b>	7
Refused	<b>Go to Q16.5</b>	9

16.4. How long has it been since your last digital rectal exam? (159)

Within the past year (1 to 12 months ago)	1	
Within the past 2 years (1 to 2 years)		2
Within the past 3 years (2 to 3 years)		3
Within the past 5 years (3 to 5 years)		4
5 or more years ago	5	
Don't know	7	
Refused	9	

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Section 17: Colorectal Cancer Screening

### If Q13.1<50, Go to Q18.1

- 17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)

Yes	1
No <b>Go to Q17.3</b>	2
Don't know/Not sure <b>Go to Q17.3</b>	7
Refused <b>Go to Q17.3</b>	9

- 17.2. How long has it been since you had your last blood stool test using a home kit? (163)

#### **Read Only if Necessary**

Within the past year (1 to 12 months ago)	1	
Within the past 2 years (1 to 2 years)		2
Within the past 5 years (2 to 5 years)		3
5 or more years ago	4	
Don't know	7	
Refused	9	

- 17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (164 )

Yes	1
No <b>Go to HIV/AIDS Section</b>	2
Don't know/Not sure <b>Go to HIV/AIDS Section</b>	7
Refused <b>Go to HIV/AIDS Section</b>	9

- 17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165 )

#### **Read Only if Necessary**

Within the past year (1 to 12 months ago)	1	
Within the past 2 years (1 to 2 years)		2
Within the past 5 years (2 to 5 years)		3
5 or more years ago	4	
Don't know	7	
Refused	9	

## Section 18: HIV/AIDS

### If Q13.1>64, Go to Transition to Modules

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you Don't know.

- 18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

True	1
False	2
Don't know/Not Sure	7
Refused	9

- 18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

True	1
False	2
Don't know/Not Sure	7
Refused	9

**Go to Q18.4**  
**Go to Q18.4**  
**Go to Q18.4**

- 18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

#### Please Read

Very effective	1
Somewhat effective	2
or	
Not at all effective	3

<b>Do not read these responses</b>	Don't know/Not sure	7
	Refused	9

18.4. How important do you think it is for people to know their HIV status by getting tested?  
(169)

Would you say:

**Please Read**

Very important	1
Somewhat important	2
or	
Not at all important	3

<b>Do not read these responses</b>	Don't know/Not sure	7
	Refused	9

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.  
(170)

<b>Include saliva tests</b>	Yes	1
	No	<b>Go to Q18.9</b> 2
	Don't know/Not sure	<b>Go to Q18.9</b> 7
	Refused	<b>Go to Q18.9</b> 9

18.6. Not including blood donations, in what month and year was your last HIV test?  
(171-174)

<b>Include saliva tests</b>	Code month and year	__ __ / __ __
	Don't know/Not sure	7 7 7 7
	Refused	9 9 9 9

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?  
(175-176)

**Read Only if Necessary**

For hospitalization or surgical procedure	0 1
To apply for health insurance	0 2
To apply for life insurance	0 3
For employment	0 4
To apply for a marriage license	0 5
For military induction-or military service	0 6
For immigration	0 7
Just to find out if you were infected	0 8
Because of referral by a doctor	0 9
Because of pregnancy	1 0
Referred by your sex partner	1 1
For routine check-up	1 3
Because of occupational exposure	1 4
Because of illness	1 5
Because I am at risk for HIV	1 6
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

18.8. Where did you have the HIV test in [fill in date from Q18.6]? (177-178)

**Read Only if Necessary**

Private doctor, HMO	0 1	
Blood bank, plasma center, Red Cross	0 2	
Health department	0 3	
AIDS clinic, counseling, testing site	0 4	
Hospital, emergency room, outpatient clinic	0 5	
Family planning clinic		0 6
Prenatal clinic, obstetrician's office	0 7	
Tuberculosis clinic	0 8	
STD clinic	0 9	
Community health clinic	1 0	
Clinic run by employer	1 1	
Insurance company clinic	1 2	
Other public clinic	1 3	
Drug treatment facility	1 4	
Military induction or military service site	1 5	
Immigration site	1 6	
At home, home visit by nurse or health worker	1 7	
At home using self-sampling kit	1 8	
In jail or prison	1 9	
Other	8 7	
Don't know/Not sure	7 7	
Refused	9 9	

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## Transition to Modules and State-added Questions

Finally, I have just a few questions left about some other health topics.

### Module 6: Oral Health

MOD6\_1. How long has it been since you last visited a dentist or a dental clinic for any reason? (257)

#### Read Only if Necessary

<b>Include visits to dental specialists, such as orthodontists</b>	Within the past year (1 to 12 months ago)	1
	Within the past 2 years (1 to 2 years ago)	2
	Within the past 5 years (2 to 5 years ago)	3
	5 or more years ago	4
	Don't know/Not sure	7
	Never	8
	Refused	9

MOD6\_2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (258)

<b>Include teeth lost due to "infection"</b>	1 to 5	1
	6 or more but not all	2
	All	3
	None	8
	Don't know/Not sure	7
	Refused	9

**If MOD6\_1=8 or MOD6\_2=3, Go to MOD6\_4**

MOD6\_3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (259)

#### Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 5 years (2 to 5 years ago)	3
5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

**If MOD6\_1 or MOD6\_3=1 Go to MOD6\_5**

MOD6\_4. What is the main reason you have not visited the dentist in the past year?  
(260-261)

**Read Only if Necessary**

Fear, apprehension, nervousness, pain, dislike going	01
Cost	02
Do not have/know a dentist	03
Cannot get to the office/clinic (too far away, no transportation, no appointments available)	04
No reason to go (no problems, no teeth)	05
Other priorities	06
Have not thought of it	07
Other	08
Don't know/Not sure	77
Refused	99

MOD6\_5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?  
(262)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

**Module 8: Heart Attack and Stroke**

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

MOD8\_1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?  
(282)

Yes	1
No	2
Don't know/Not sure	7
Refused	9



- b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (283)
- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
- c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (284)
- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
- d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (285)
- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
- e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (286)
- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
- f. (Do you think) shortness of breath (is a symptom of a heart attack?) (287)
- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

MOD8\_2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (289)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

c. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (290)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

d. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (291)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

e. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (292)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

f. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (293)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD8\_3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (294)

**Please Read**

Take them to the hospital	1
Tell them to call their doctor	2
Call 911	3
Call their spouse or a family member	4
or	
Do something else	5

<b>Do not read these responses</b>	Don't know/Not sure	7
	Refused	9

**Module 9: Cardiovascular Disease**

MOD9\_1. To lower your risk of developing heart disease or stroke, are you....

a. Eating fewer high fat or high cholesterol foods? (295)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

b. Eating more fruits and vegetables? (296)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

c.	More physically active?	(297)
	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9
MOD9_2.	Within the past 12 months, has a doctor, nurse, or other health professional told you to...	(298)
a.	Eat fewer high fat or high cholesterol foods?	
	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9
b.	Eat more fruits and vegetables?	(299)
	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9
c.	Be more physically active?	(300)
	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9
MOD9_3.	Has a doctor, nurse, or other health professional ever told you that you had any of the following?	(301)
a.	A heart attack, also called a myocardial infarction	
	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

- b. Angina or coronary heart disease (302)
- Yes 1
- No 2
- Don't know/Not sure 7
- Refused 9
- c. A stroke (303)
- Yes 1
- No 2
- Don't know/Not sure 7
- Refused 9

**If MOD9\_3a=1 continue, Else go to MOD9\_5.**

- MOD9\_4. At what age did you have your first heart attack? (304-305)
- Code age in years
- Don't know/Not sure  $\overline{0} \overline{7}$
- Refused  $\overline{0} \overline{9}$

**If MOD9\_3c=1 continue, Else go to MOD9\_6.**

- MOD9\_5. At what age did you have your first stroke? (306-307)
- Code age in years
- Don't know/Not sure  $\overline{0} \overline{7}$
- Refused  $\overline{0} \overline{9}$

**If MOD9\_3a=1 or MOD9\_3c=1 continue, Else go to MOD9\_7.**

MOD9\_6. After you left the hospital following your **[fill in (heart attack) if "yes" to MOD9\_3a or to MOD9\_3a and Q3c; fill in (stroke) if "yes" to MOD9\_3c and "no" to MOD9\_3a]**, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (308)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD9\_7. Do you take aspirin daily or every other day? (309)

Yes	<b>Go to MOD9_9</b>	1
No		2
Don't know/Not sure		7
Refused		9

MOD9\_8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (310)

<b>If "yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems</b>	Yes, not stomach related	1
	Yes, stomach problems	2
	No	3
	Don't know/Not sure	7
	Refused	9

### Go to Module 13: Tobacco Indicators

MOD9\_9. Why do you take aspirin... (311)

a. To relieve pain?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

- |    |   |       |
|----|---|-------|
| b. | To reduce the chance of a heart attack? | (312) |
|    | Yes                                     | 1     |
|    | No                                      | 2     |
|    | Don't know/Not sure                     | 7     |
|    | Refused                                 | 9     |
| c. | To reduce the chance of a stroke?       | (313) |
|    | Yes                                     | 1     |
|    | No                                      | 2     |
|    | Don't know/Not sure                     | 7     |
|    | Refused                                 | 9     |

### **Module 13: Tobacco Indicators**

#### **If Q10.1≠1, Go to MOD13\_7**

Previously you said you have smoked cigarettes.

- |          |  |                         |
|----------|--|-------------------------|
| MOD13_1. | How old were you the first time you smoked a cigarette, even one or two puffs? | (347-348)               |
|          | Code age in years  | <u>    </u> <u>    </u> |
|          | Don't know/Not sure  | 77                      |
|          | Refused  | 99                      |

- |          |   |                         |
|----------|---|-------------------------|
| MOD13_2. | How old were you when you first started smoking cigarettes regularly? | (349-350)               |
|          | Code age in years   | <u>    </u> <u>    </u> |
|          | Never smoked regularly <b>Go to MOD13_6</b>                           | 88                      |
|          | Don't know/Not sure   | 77                      |
|          | Refused   | 99                      |

#### **If Q10.2=9, Go to MOD13\_6**

#### **If Q10.2≠3, Go to MOD13\_4**

MOD13\_3. About how long has it been since you last smoked cigarettes regularly?  
(351-352)

**Read Only if Necessary**

Within the past month (0 to 1 month ago)	01
Within the past 3 months	02
Within the past 6 months	03
Within the past year	04
Within the past 5 years	05
Within the past 10 years	06
10 or more years ago	07
Don't know/Not sure	77
Refused	99

**Go to MOD 13\_6**

MOD13\_4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?  
(353)

Yes	1
No <b>Go to MOD13_6</b>	2
Don't know/Not sure <b>Go to MOD13_6</b>	7
Refused <b>Go to MOD13_6</b>	9

MOD13\_5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?  
(354)

Yes	1
No	2
Don't know/Not sure	7
Refused	9



MOD13\_6. Which statement best describes the rules about smoking inside your home? (355)

**Please Read**

- |  |   |
|--|---|
| Smoking is not allowed anywhere inside your home   | 1 |
| Smoking is allowed in some places or at some times | 2 |
| Smoking is allowed anywhere inside the home        | 3 |
| or   |   |
| There are no rules about smoking inside the home   | 4 |

- |                        |                     |   |
|------------------------|---------------------|---|
| <b>Do not read</b>     | Don't know/Not sure | 7 |
| <b>these responses</b> | Refused             | 9 |

**If Q13.8≠1,2, Go to State Added Cancer**

MOD13\_7. While working at your job, are you indoors most of the time? (356)

- |                     |                                   |
|---------------------|-----------------------------------|
| Yes                 | 1                                 |
| No                  | <b>Go to State Added Cancer</b> 2 |
| Don't Know/Not Sure | <b>Go to State Added Cancer</b> 7 |
| Refused             | <b>Go to State Added Cancer</b> 9 |

MOD13\_8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (357)

**Please Read**

- |   |                                 |   |
|---|---------------------------------|---|
| <b>For workers who visit clients, "place of work" means their base location</b> | Not allowed in any public areas | 1 |
|   | Allowed in some public areas    | 2 |
|   | Allowed in all public areas     | 3 |
|   | or                              |   |
|   | No official policy              | 4 |

- |                        |                     |   |
|------------------------|---------------------|---|
| <b>Do not read</b>     | Don't know/Not sure | 7 |
| <b>these responses</b> | Refused             | 9 |

MOD13\_9. Which of the following best describes your place of work's official smoking policy for work areas? (358)

**Please Read**

	Not allowed in any work areas	1
	Allowed in some work areas	2
	Allowed in all work areas	3
	Or	
	No official policy	4
<b>Do not read</b>	Don't know/Not sure	7
<b>these responses</b>	Refused	9

**State Added: Cancer**

SC5\_1. Has a physician ever told you that you had cancer? This excludes the 'Common' Skin cancers' (413)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

**State Added: Sexual Behavior**

**If respondent 50 years old or older, go to State Added Disability**

SC6\_1. During the past twelve months, with how many people have you had sexual intercourse? (414-415)

Code Number [76=76 or more]	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

SC6\_2. Was a condom used the last time you had sexual intercourse? (416)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

SC6\_3. The last time you had sexual intercourse, was the condom used ... (417)

**Please Read**

To prevent pregnancy	1
To prevent diseases like syphilis, gonorrhea, and AIDS	2
For both of these reasons	3

**or**

For some other reason	4
-----------------------	---

**Do not read these responses**

Don't know/Not sure	7
Refused	9

SC6\_4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say:

(418)

**Please Read**

Very effective	1
Somewhat effective	2

**or**

Not at all effective	3
----------------------	---

**Do not read these responses**

Don't know how effective	4
Don't know method	5
Refused	9

SC6\_5. How many new sex partners did you have during the past 12 months? A new sex partner is someone the respondent had sex with for the first time in the past 12 months. (419-420)

Code Number [76=76 or more]	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

SC6\_6. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You Don't need to tell me which one.

You have used intravenous drugs in the past 12 months?

You have been treated for a sexually transmitted or venereal disease in the past 12

months?

You tested positive for having HIV, the virus that causes AIDS?

You had anal sex without a condom in the past 12 months?

Do any of these situations apply to you? (421)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

SC6\_7. In the past five years, have you been treated for a sexually transmitted or venereal disease? (422)

Yes	1
No	<b>Go to SC6_9</b> 2
Don't know/Not sure	<b>Go to SC6_9</b> 7
Refused	<b>Go to SC6_9</b> 9

SC4\_8. Where were you treated? (423)

Health Department STD clinic	1
Private doctor's office	2
Hospital emergency room/ outpatient clinic	3
Community health clinic	4
Other	5
Don't know/not sure	7
Refused	9

SC6\_9. Due to what you know about HIV, have you changed your sexual behavior in the past 12 months? (424)

Yes	1
No	<b>Go to State Added: Disability</b> 2
Don't know/Not sure	<b>Go to State Added: Disability</b> 7
Refused	<b>Go to State Added: Disability</b> 9

SC6\_10. Did you make any of the following changes in the past 12 months?

a. Did you decrease the number of your sexual partners or become abstinent?(425)

Yes	1
No	2
Don't know/Not sure	7
Not applicable	8
Refused	9

b. Do you now have sexual intercourse with only the same partner? (426)

Yes	1
No	2
Don't know/Not sure	7
Not applicable	8
Refused	9

c. Do you now always use condoms for protection? (427)

Yes	1
No	2
Don't know/Not sure	7
Not applicable	8
Refused	9

### State Added: Disability (CDC Optional Module)

The next two questions are about your support needs and life satisfaction.

SC7\_1. (CDC) How often do you get the social and emotional support you need? (367)

Would you say: **Please Read**

Always	1
Usually	2
Sometimes	3
Rarely	4
<b>or</b>	
Never	5
Don't know/Not sure	7
Refused	9

**Do not  
read these**

**responses**

SC7\_2. (CDC) In general, how satisfied are you with your life? (368)

Would you say: **Please Read**

**Do not  
read these  
responses**

Very satisfied	1
Satisfied	2
Dissatisfied	3
<b>or</b>	
Very dissatisfied	4
Don't know/Not sure	7
Refused	9

**"These next questions are about limitations you may have in your daily life."**

SC7\_3.(CDC) Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (369)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

SC7\_4. (SC) What is the most important reason you have trouble learning, or remembering, or concentrating? (428-429)

Stroke	01
Head injury	02
Depression, anxiety, or emotional problems	03
Learning disability	04
Slow learner	05
Hearing problem	06
Too old	07
Too many other things going on/too busy	08
<del>other impairment or problem</del>	<del>09</del>
Other___(specify)	10
Don't know/Not sure	77
Refused	99

SC7\_ 5. (CDC) What is the farthest distance you can walk by yourself, without any special equipment or help from others? (370)

**Please Read**

Not any distance	1
Across a small room	2
About the length of a typical house	3
About one or two city blocks	4
About one mile	5

**or**

More than one mile	6
Don't know/Not sure	7
Refused	9

**Do not read  
these responses**

**If Q14.1=1, or if Q14.2=1, or if SC7\_3=1 continue, else go to SC7\_10.**

SC7\_ 6.(CDC)What is your MAJOR impairment or health problem? (371-372)

**Reason Code**

<b>If respondent says "I'm not limited," say "I'm referring to the health problem or use of special equipment when I asked earlier about limitations in your daily life."</b>	a.	Arthritis/rheumatism	01
	b.	Back or neck problem	02
	c.	Fractures, bone/joint injury	03
	d.	Walking problem	04
	e.	Lung/breathing problem	05
	f.	Hearing problem	06
	g.	Eye/vision problem	07
	h.	Heart problem	08
	i.	Stroke problem	09
	j.	Hypertension/high blood pressure	10
	k.	Diabetes	11
	l.	Cancer	12
	m.	Depression/anxiety/emotional problem	13
	n.	Other impairment/problem	14
	Don't know/Not sure	77	
	Refused	99	

SC7_7. (CDC)	For HOW LONG have your activities been limited because of your major impairment or health problem? (373-375)
	Days 1 _ _
	Weeks 2 _ _
	Months 3 _ _
	Years 4 _ _
	Don't know/Not sure 7 7 7
	Refused 9 9 9
SC7_8. (CDC)	Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (376)
	Yes 1
	No 2
	Don't know/Not sure 7
	Refused 9
SC7_9. (CDC)	Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (377)
	Yes 1
	No 2
	Don't know/Not sure 7
	Refused 9
SC7_10. (CDC)	During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? (378-379)
	Number of days _ _
	None 8 8
	Don't know/Not sure 7 7
	Refused 9 9



SC7\_11. (CDC) During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (380-381)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

SC7\_12. (CDC) During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (382-383)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

SC7\_13. (CDC) During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (384-385)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

SC7\_14. (CDC) During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? (386-387)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

SC7\_15. (CDC) **If number of adults equals 1 and core Q13.6 is "none," go to next section.**

Is there anyone [fill in (else) if "yes" to Core Q14.1 or Q 14.2 or if SC7\_3 in the Disability Module is "yes"] in your household who is LIMITED in any way in any activities because of any physical, mental, or emotional problem or who uses special equipment? (388)

Yes	1
No <b>Go to State Added: Care Giving</b>	2
Don't know/Not sure <b>Go to State Added: Care Giving</b>	7
Refused <b>Go to State Added: Care Giving</b>	9

SC7\_16. (CDC) How old are these people?

<b>Code ages</b>	person 1	__ __ (389-390)
<b>97 = 97 and older</b>	person 2	__ __ (391-392)
<b>98 = DK/NS</b>	person 3	__ __ (393-394)
<b>99 = Refused</b>	person 4	__ __ (395-396)
	person 5	__ __ (397-398)

## State Added: Unable to Complete

All Disposition 11's get this before storing the data

SC8\_1. What is the most important reason for the person not being able to complete the interview?

[Note to interviewer: If person has multiple disabilities, pick the most significant reason.] (430-431)

### Read if necessary

#### *Physical impairment:*

Hearing	01
Speech	02
Mobility	03
Other physical impairment	04

#### *Mental impairment:*

Trouble with understanding	05
Trouble with memory	06
Slow learner	07
Other communication impairment	08
Other mental impairment	09
Don't know	77
Refused	99

## Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.